



AGENCY OF HUMAN SERVICES
DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection
103 South Main Street, Ladd Hall
Waterbury VT 05671-2306
<http://www.dail.vermont.gov>
Voice/TTY (802) 241-2345
To Report Adult Abuse: (800) 564-1612
Fax (802) 241-2358

May 20, 2011

Tammy Cota, Administrator
Cota's Hospitality Home
1079 South Barre Road
Barre, VT 05641

Provider ID #:

Dear Ms. Cota:

Enclosed is a copy of your acceptable plans of correction for the survey conducted on February 9, 2011.

Follow-up may occur to verify that substantial compliance has been achieved and maintained.

Sincerely,

A handwritten signature in cursive script that reads "Pamela M. Cota RN".

Pamela M. Cota, RN
Licensing Chief

PC:jl

Enclosure



Division of Licensing and Protection

RECEIVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	Division of April 11 Licensing and Protection	(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R100	Initial Comments: An unannounced survey to assess compliance with Vermont Residential Care Home Licensing Regulations was conducted from 2/8/11 to 2/9/11. Complaints were investigated at the time of the survey. The following are regulatory violations.	R100			
R110 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.2 Admission 5.2.b. On admission, the home must also determine if the resident has any form of advance directive and explain the resident's right under state law to formulate, or not to formulate, an advance directive. Any change of rate or services shall be preceded by a thirty (30) day written notice to the resident and the resident's legal representative, if any. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to determine whether 1 applicable resident (Resident #6) had an advance directive. Findings include: 1. Per record review on 2/9/11, the Resident Assessment Instrument (dated 10/2/09) did not indicate that the resident had received or completed an advanced directive for health care. During interview on 2/9/11 at 10:48 AM, the owner/manager confirmed that advance directive information had not been provided to the resident.	R110			
R112 SS=D	V. RESIDENT CARE AND HOME SERVICES	R112			

Division of Licensing and Protection

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

STATE FORM

Sammy Cota

TITLE

Manager

(X6) DATE

3/31/11

6899

EYN011

If continuation sheet 1 of 24

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R112	Continued From page 1 5.2 Admission 5.2.d On admission each resident shall be accompanied by a physician's statement, which shall include: medical diagnosis, including psychiatric diagnosis if applicable. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to assure that 2 of 7 applicable residents (Resident #6 and Resident #7) had a physician statement prior to or at admission to advise the home of the resident's medical and psychiatric diagnoses. Findings include: 1. Per closed record review on 2/9/11, there was no physician admission sheet in the record to identify Resident #7's medical and psychiatric diagnoses. During interview that afternoon at 3:00 PM, the Registered Nurse (RN) confirmed that the record contained no admission sheet nor did it identify the resident's diagnoses. 2. Per record review on 2/8/11, there was no physician problem list indicating the medical and / or psychiatric diagnoses of Resident #6 (admitted 9/29/09) in the record. During interview on 2/8/11 at 10:30 AM, the owner/manager confirmed that there was no physician problem list available.	R112		
R114 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.3 Discharge and Transfer Requirements 5.3.a Involuntary Discharge or Transfer of Residents (2) In the case of an involuntary discharge or	R114		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R114	<p>Continued From page 2</p> <p>transfer, the manager shall:</p> <p>i. Notify the resident, and if known, a family member and/or legal representative of the resident, of the discharge or transfer and the specific reasons for the move in writing and in a language and manner the resident understands at least 72 hours before a transfer within the home and thirty (30) days before discharge from the home. If the resident does not have a family member or legal representative and requests assistance, the notice shall be sent to the Long Term Care Ombudsman, Vermont Protection and Advocacy or Vermont Senior Citizens Law Project.</p> <p>ii. Use the form prescribed by the licensing agency for giving written notice of discharge or transfer and include a statement in large print that the resident has the right to appeal the home's decision to transfer or discharge with the appropriate information regarding how to do so.</p> <p>iii. Include a statement in the written notice that the resident may remain in the room or home during the appeal.</p> <p>iv. Place a copy of the notice in the resident's clinical record.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to include within the Admission Agreement the required timeframe for involuntary discharge in the event of nonpayment of services for 7 applicable residents reviewed in the survey sample (Resident #1, Resident #2, Resident #3, Resident #4, Resident #5, Resident #6, and Resident #7). The home also failed adhere to the</p>	R114		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R114	Continued From page 3 terms of the admission agreement and to notify all appropriate parties in an involuntary discharge notice for 1 of 7 residents (Resident #7). Findings include: 1. Per review of a sample of 7 residents' admission agreements on 2/8/11 and 2/9/11 (Resident #1 through Resident #7), all signed admission agreements inaccurately stated that the resident could be involuntarily discharged from the home for nonpayment after 14 days notice. The regulations state that the resident must be given a minimum 30 day notice prior to an involuntary discharge for nonpayment. This was confirmed during interview with the manager of the home on 2/8/11 at 2:30 PM and on 2/9/11 at 3:00 PM. 2. Per closed record review on 2/8/11 and 2/9/11, Resident #7 was issued an involuntary 30-day discharge notice on 9/10/10. Per review of the resident's admission agreement, the terms for an involuntary discharge required a 60-day notice. Following hospitalization within this 60-day timeframe, Resident #7 was refused readmission to the home prior to the conclusion of the 60-day notice. Additionally, there was no evidence that family / power of attorney notification of the eviction had occurred. During interview on 2/9/11 at 1:50 PM, the owner / manager confirmed that the discharge notice was not issued to a family member / power of attorney.	R114			
R126 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.a Upon a resident's admission to a residential care home, necessary services shall	R126			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R126	<p>Continued From page 4</p> <p>be provided or arranged to meet the resident's personal, psychosocial, nursing and medical care needs.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the home failed to assure that necessary care regarding medical needs was provided for 2 of 10 residents in the applicable sample. (Resident #1 and Resident #10) Findings include:</p> <p>Per observations of medication administration and record review on 2/9/11, there was no evidence on the Medication Administration Records (MARs) that weekly blood pressure monitoring was being done to monitor effectiveness of the antihypertensive medications for 2 residents (Resident #1 and Resident #10) and physician orders for "Pulse every Monday" was not documented for 1 resident (Resident #10).</p> <p>1. During observation of medication administration to Resident #10 on 2/9/11 at 8:30 AM, it was noted that the resident received an antihypertensive medication daily and also had physician orders for "Pulse every Monday". There was no documentation on the MARs reflecting weekly blood pressure monitoring, nor was the pulse recorded every Monday as ordered.</p> <p>2. Resident #1 had orders for an antihypertensive medication daily and staff did not document weekly monitoring of blood pressures per review of MARs for January and February, 2011.</p>	R126			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R126	Continued From page 5 During interview at 8:40 AM, the manager confirmed that staff were not monitoring weekly blood pressures for residents receiving antihypertensive medications and staff failed to implement physician orders for "Pulse every Monday" for Resident #10. These omissions were also confirmed during interview with the RN at 1:35 PM the same day.	R126		
R129 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.5 General Care 5.5.d A home certified to provide assistive community care services (ACCS) shall designate a staff person responsible for case management, who shall provide at least the following case management services: maintenance and implementation of a current assessment and plan of care, and coordination of available community services. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to identify a designated staff person to assume case management responsibility for assistive community care services (ACCS) for 1 applicable resident (Resident #6). Findings include: 1. Per record review on 2/8/11, there was no identified case manager for Resident #6, who receives ACCS services. During interview on 2/9/11 at 10:45 AM, the RN and the owner/manager confirmed that the home had no assigned case manager for this resident. The owner/manager stated that s/he was unaware of	R129		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R129	Continued From page 6 this requirement.	R129		
R136 SS=E	<p>V. RESIDENT CARE AND HOME SERVICES</p> <p>5.7. Assessment</p> <p>5.7.c Each resident shall also be reassessed annually and at any point in which there is a change in the resident's physical or mental condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the facility failed to assure that each resident was reassessed annually and/or following a significant change in status for 5 of 7 residents in the applicable sample. (Resident #1, Resident #3, Resident #4, Resident #6, and Resident #7) Findings include:</p> <p>1. Per record review on 2/8/11 and confirmed during interview with the Registered Nurse (RN) at 2:00 PM, the annual assessment for Resident #1 had not been completed. The last assessment was dated 9/1/09.</p> <p>2. Per record review on 2/8/11 and confirmed during interview with the Manager at 3:00 PM, the annual assessment for Resident #3 had not been completed and the last assessment was dated 8/21/09.</p> <p>3. Per record review on 2/9/11 and confirmed during interview with the RN at 2:00 PM, the annual assessment for Resident #4 had not been completed and the last assessment was dated 1/4/10.</p>	R136		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R136	Continued From page 7 4. Per record review on 2/8/11 and confirmed by the RN at 3:05 PM, neither an annual assessment nor a required significant change in status assessment for Resident #6 had been completed and that the last (original) assessment was dated 10/2/09. 5. Per closed record review on 2/9/11, Resident #7 had experienced a significant change following the completion of the original admission assessment dated 4/27/10 where the resident was identified as exhibiting no behavioral problems, as compliant with medications, and as socially inappropriate less than daily. Progress notes indicated that, beginning 5/3/10, Resident #7 began to deteriorate behaviorally and would exhibit behaviors including refusal to adhere to house rules, yelling at other residents, and other socially inappropriate behavior. There was no reassessment in the record. Per interview that afternoon at 1:50 PM, the owner/manager stated that this resident was verbally aggressive multiple times daily and did not always take ordered medications. During interview at 3:00 PM, the RN confirmed that Resident #7 had experienced a significant change in behavioral status and should have been reassessed.	R136		
R145 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.9.c (2) Oversee development of a written plan of care for each resident that is based on abilities and needs as identified in the resident assessment. A plan of care must describe the care and services necessary to assist the resident to maintain independence and well-being;	R145		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R145	<p>Continued From page 8</p> <p>This REQUIREMENT is not met as evidenced by: Based on interview and record review, the RN (Registered Nurse) failed to assure the development of resident specific care plans identifying current needs and abilities for 5 of 7 residents in the applicable sample. (Resident #1, Resident #2, Resident #5, Resident #6, and Resident #7). Findings include:</p> <p>1. Per record review on 2/8/11, and confirmed with a staff member on 2/9/11 at 5:00 PM, there was no care plan in the record of Resident #5 (admitted 11/1/10) to direct staff in the care and assistance needs of the resident.</p> <p>2. Per record review on 2/8/11, and confirmed by the RN on that date at 3:05 PM, the care plan (dated 10/11/09) for Resident #6 did not contain specific interventions to direct staff regarding the resident's restricted visitation orders or regarding the resident's wandering / poor decision making behaviors, specific self harm behavior interventions, required staff assistance with personal spending money nor hearing deficits.</p> <p>3. Per record review on 2/8/11 and confirmed with the manager at 2:30 PM, the care plan for Resident #1 did not address the resident's history of unsafe smoking habits at times.</p> <p>4. Per record review on 2/8/11 and confirmed during interview with the RN at 1:30 PM on 2/9/11, Resident #2's care plan did not address the resident's needs regarding supervision for daily hygiene/bathing and need for monitoring for psychosocial issues including episodes of anger. The care plan was not revised to discontinue the intervention regarding use of an inhaled</p>	R145			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R145	Continued From page 9 medication as needed. The RN stated that this was no longer needed. 5. Per closed record review on 2/9/11, and confirmed by the RN on that afternoon, the care plan (dated 5/7/10) for Resident #7 did not contain specific interventions for staff to use in the event of the resident's identified behaviors.	R145			
R153 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.9.c (10) Monitor stability of each resident's weight; This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to monitor the stability of 1 applicable resident's weight (Resident #6). Findings include: 1. Per record review on 2/8/11, there were no documented weights on a monthly basis per the home's policy for Resident #6. During interview on 2/9/11 at 11:22 AM, the owner/manager confirmed that there were no weight records for this resident and that the home's policy is to weigh each resident monthly.	R153			
R161 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.b The manager of the home is responsible for ensuring that all medications are handled according to the home's policies and that designated staff are fully trained in the policies	R161			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R161	Continued From page 10 and procedures. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that medications were administered by staff fully trained in policies and procedures during observations for 1 of 5 residents in the targeted sample (Resident #9). Findings include: 1. Per observation of administration of an inhaled medication for Resident #9 on 2/9/11 at 8:55 AM, the caregiver failed to cleanse hands and placed the capsule directly into bare hands and then into the holder. The care giver also placed the resident's oral medications directly into ungloved, uncleansed hands to count them prior to administering them to the resident. The failure to cleansed hands was confirmed with the caregiver immediately after the observation.	R161		
R162 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.10 Medication Management 5.10.c. Staff will not assist with or administer any medication, prescription or over-the-counter medications for which there is not a physician's written, signed order and supporting diagnosis or problem statement in the resident's record. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the home failed to assure that staff administered medications in accordance with the physician written orders for 2 applicable residents in the sample. (Resident # 8 and Resident #1)	R162		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R162	Continued From page 11 Findings include: 1. Per observation of medication administration to Resident # 8 on 2/9/11 at 8:15 AM, there was no corresponding physician order for Doxazosin 8 mg (milligram) every day (as written on the Medication Administration Record [MAR]), in the medical record. Per telephone interview with the pharmacist on 2/9/11 at 9:50 AM, the physician ordered this dose of medication on 1/7/11. The manager confirmed that there was no copy of this order in the medical record immediately after the telephone call. 2. Per record review on 2/8/11, Resident #1 had physician orders dated 1/24/11 regarding a dose reduction for a medication which had not been noted and implemented by staff. On 1/24/11 the physician ordered "reduce Orphenadrine X 2 weeks to 1 X daily, then D/C (discontinue) - ". Per review of the resident's MAR on 2/8/11, staff had been signing off on the previous dose (Orphenadrine ER 100 mg. BID) daily and the new orders were not noted on the MAR. This medication error was confirmed during interview with the RN at 4:10 PM the same day.	R162			
R178 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.a There shall be sufficient number of qualified personnel available at all times to provide necessary care, to maintain a safe and healthy environment, and to assure prompt, appropriate action in cases of injury, illness, fire or other emergencies. This REQUIREMENT is not met as evidenced by:	R178			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R178	Continued From page 12 Based on staff interview, the home failed to assure that there were sufficient staff on duty at all times to provide necessary care. Findings include: 1. Per interview on 2/8/11 at 12:10 PM, the manager of the home confirmed that there have been multiple nights when a medication delegated staff person has not been on duty in the home to administer any medications that may be needed during the night shift hours (11:00 PM to 7:00 AM). The RN verified that the current full time 11-7 staff person was not med delegated (trained).	R178			
R179 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.b The home must ensure that staff demonstrate competency in the skills and techniques they are expected to perform before providing any direct care to residents. There shall be at least twelve (12) hours of training each year for each staff person providing direct care to residents. The training must include, but is not limited to, the following: (1) Resident rights; (2) Fire safety and emergency evacuation; (3) Resident emergency response procedures, such as the Heimlich maneuver, accidents, police or ambulance contact and first aid; (4) Policies and procedures regarding mandatory reports of abuse, neglect and exploitation; (5) Respectful and effective interaction with residents; (6) Infection control measures, including but not limited to, handwashing, handling of linens,	R179			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R179	Continued From page 13 maintaining clean environments, blood borne pathogens and universal precautions; and (7) General supervision and care of residents. This REQUIREMENT is not met as evidenced by: Based on staff interview and record reviews, the home failed to assure that at least 12 hours of training for each staff person was provided annually and that it included the required topics. Findings include: 1. Per interview on 2/9/11 at 3:50 PM, the RN confirmed that s/he had not provided and/or assured completion of the required 12 hours of in-service training for all direct care staff within the last 12 months.	R179		
R180 SS=E	V. RESIDENT CARE AND HOME SERVICES 5.11 Staff Services 5.11.c All training to meet the requirements of 5.11.b shall be documented. Training in direct care skills by a home's nurse may meet this requirement, provided the nurse documents the content and amount of training This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the home failed to assure that all staff training was documented, including the amount and content of the training. Findings include: 1. Per record review on 2/8/11 and 2/9/11, no staff member had complete documentation that the required 12 hours of annual training had occurred during the prior 12-month period. Per	R180		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R180	Continued From page 14 interview on 2/9/11 at 3:50 PM, the RN confirmed that not all staff training provided was accurately documented, including the amount and contents of each training provided.	R180		
R187 SS=C	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (1) A resident register including all discharges, transfers out of the home and admissions. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the home failed to maintain a resident register. Findings include: 1. Per record review on 2/9/11, there was no resident register maintained to indicate the admission, discharge and transfer of residents into and out of the home. During interview on the afternoon of 2/9/11, the owner/manager confirmed that there was no resident register.	R187		
R189 SS=D	V. RESIDENT CARE AND HOME SERVICES 5.12.b. (3) For residents requiring nursing care, including nursing overview or medication management, the record shall also contain: initial assessment; annual reassessment; significant change assessment; physician's admission statement and current orders; staff progress notes including changes in the resident's condition and action taken; and reports of physician visits, signed	R189		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R189	<p>Continued From page 15</p> <p>telephone orders and treatment documentation; and resident plan of care.</p> <p>This REQUIREMENT is not met as evidenced by: Based on staff interview and record review, the RN (Registered Nurse) failed to assure that resident records contained the required documentation including physician's admission statement, all current orders and staff progress notes for 3 of 8 residents in the applicable sample (Resident #2, Resident #5 and Resident #6). Findings include:</p> <p>1. Per record review on 2/8/11, Resident #2 had no progress notes documented in the record since 7/7/10. On that date, the resident had a psychological evaluation and was started on a new medication. There was no follow up documentation after the evaluation. This was confirmed with the manager at 11:05 AM the same day.</p> <p>2. Per record review on 2/9/11, there were no staff progress notes (including an admission note) in the record of Resident #5 who was admitted on 11/1/10. There was a single Therapeutic Narrative Form dated 1/3/11 completed by the RN to summarize an injury sustained on 12/17/10 and subsequent follow-up. During interview on 2/9/11 at 5:00 PM, a staff member confirmed that there were no staff progress notes in the resident record.</p> <p>3. Per record review on 2/8/11, progress notes for Resident #6 did not include documented follow-up to various issues / concerns identified by staff throughout the record. During interview on the afternoon of 2/9/11, the RN confirmed that the progress notes did not reflect follow-up on</p>	R189			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R189	Continued From page 16 identified problems.	R189		
R234 SS=C	VII. NUTRITION AND FOOD SERVICES 7.1.a.(3) The current week's regular and therapeutic menu shall be posted in a public place for residents and other interested parties. This REQUIREMENT is not met as evidenced by: Per observation, the home failed to assure that the current week's menu was posted as required. Findings include: 1. Per observations of the home during the initial tour on 2/8/11 at 10:30 AM, the weekly menu was not posted in a public place for residents and other interested parties. This was confirmed with the co-manager of the home at 11:45 AM on 2/8/11.	R234		
R235 SS=C	VII. NUTRITION AND FOOD SERVICES 7.1.a.(4) The home must follow the written, posted menus. If a substitution must be made, the substitution shall be recorded on the written menu. This REQUIREMENT is not met as evidenced by: Based on observation, staff interview and record review, the home failed to follow the written menu plans. If a substitution was made, the home failed to record it. Findings include: 1. During a tour of the kitchen and dining room areas on 2/8/11 at 11:15 AM, the co-manager	R235		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R235	Continued From page 17 showed the surveyor a copy of 4 weekly printed menus, none of which matched the meal menus provided in the last week. The printed menu for lunch that day listed peanut butter and jelly sandwich with chicken noodle soup. The noon meal served that day (and written on the blackboard in the dining room) included beef stew and bologna sandwiches. S/he then confirmed that they did not follow these printed menus, that they should be revised, and that they should be posted weekly and followed.	R235		
R236 SS=C	VII. NUTRITION AND FOOD SERVICES 7.1.a. (5) The home shall keep menus, including any substitutions, for the previous month on file and available for examination by the licensing agency. This REQUIREMENT is not met as evidenced by: Based on staff interview, the home failed to keep menus, including substitutions for the previous month available for examination by the licensing agency. Findings include: 1. Per observations of the kitchen areas and interview with staff on 2/8/11, the home's staff have not been keeping copies of menus served, including any substitutions for a period of at least one month, as required. This was confirmed during interview with the cook at 4:00 PM the same day. S/he confirmed that they had not been recording and keeping track of substitutions to the menus.	R236		
R247 SS=F	VII. NUTRITION AND FOOD SERVICES	R247		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R247	Continued From page 18 7.2 Food Safety and Sanitation 7.2.b All perishable food and drink shall be labeled, dated and held at proper temperatures: (1) At or below 40 degrees Fahrenheit. (2) At or above 140 degrees Fahrenheit when served or heated prior to service. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to consistently monitor refrigeration temperatures to assure perishable foods were stored at safe temperatures. Findings include: 1. During observations of the kitchen areas at 11:00 AM on 2/8/11, there were no thermometers in 2 large chest freezers. During interview at that time, the co-manager confirmed that these were missing and that the home was not routinely recording refrigeration temperatures to assure that all perishable foods were stored in accordance with safe food handling practices.	R247			
R252 SS=E	VII. NUTRITION AND FOOD SERVICES 7.2 Food Storage and Equipment 7.3.b Areas of the home used for storage of food, drink, equipment or utensils shall be constructed to be easily cleaned and shall be kept clean This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the home failed to assure that areas used to store foods, equipment and/or utensils were	R252			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R252	Continued From page 19 constructed to be easily cleaned and kept clean. findings include: 1. Per observations of the kitchen and food storage areas on 2/8/11 at 11:00 AM, accompanied by the home's co-manager, the following concerns were noted: a. boxes of potatoes were stored directly on the floor b. open containers of bisquick mix and popcorn kernels were observed on shelves c. uncovered fluorescent light bulbs in the ceiling fixtures in food storage areas d. wood shelving with no paint or finished surface which was easy to clean e. storage shelves soiled in the kitchen area The co-manager agreed with the above findings during the tour.	R252			
R266 SS=E	IX. PHYSICAL PLANT 9.1 Environment 9.1.a The home must provide and maintain a safe, functional, sanitary, homelike and comfortable environment. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to provide a safe and homelike environment. Findings include: 1. Per observation on 2/8/11, the radiator in the dining area of the home was too hot to maintain hand contact beyond initial contact, posing a safety hazard. There was no heat resistant covering to prevent accidental burns. During	R266			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R266	<p>Continued From page 20</p> <p>interview at 11:20 AM that day, the Manager confirmed that the radiator was hot to the touch and that there was no covering.</p> <p>2. Per observation during initial tour of the building, the window blind in the men's bathroom downstairs was heavily soiled with dust / grease and had broken sections. At the time of the observation, the co-owner confirmed that the blinds were soiled and broken.</p> <p>3. Per observation during initial tour the light in the upstairs (women's) bathroom was hanging down from the ceiling by a black and a white electrical wire. The light was not functional. During interview at the time of the observation, the owner / manager confirmed that the light was broken.</p> <p>4. Per observation during initial tour on 2/8/11, a common use area (sun room) at the end of the men's wing on the first floor was not clean. The floor carpeting had dirt / debris on it and the tables were visibly soiled. There were items stored in boxes and the area was not homelike. During interview at the time of the observation (10:50 AM), the owner / manager confirmed that the floor and tables were soiled and the room had unsightly storage boxes. The room had a view of the back yard and 2 residents agreed that it would be a nice place to be if it were cleaned up.</p> <p>5. Per observation of room 21, there were uncovered hot water pipes leading to the baseboard heater units coming down through the ceiling and across the floor in the room. During interview at 2 PM on 2/9/11, a plumber who was working on the hot water/heating controls stated that the exposed pipes carrying very hot water need to be covered and insulated; it is a safety</p>	R266			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
R266	Continued From page 21 concern for residents of the room. The concern was reviewed with the co-manager of the home the same day. 6. Per observation during the initial tour on 2/8/11 in rooms 23 and 24, multiple electric cords attached to multiple appliances were plugged into multiple extension cords that were curled, tangled and laying on the floors, creating a safety hazard for the residents who live in the rooms.	R266			
R302 SS=F	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.c Each home shall have in effect, and available to staff and residents, written copies of a plan for the protection of all persons in the event of fire and for the evacuation of the building when necessary. All staff shall be instructed periodically and kept informed of their duties under the plan. Fire drills shall be conducted on at least a quarterly basis and shall rotate times of day among morning, afternoon, evening, and night. The date and time of each drill and the names of participating staff members shall be documented. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the home failed to assure that staff received all annual training regarding fire drills. Findings include: 1. Per record review on 2/8/11, the home had completed fire drills on 2/8/10 at 9:40 AM, 3/16/10 at 8:10 PM, and 5/3/10 at 3:15 PM. There were no drills completed during the third and fourth quarters of the year, nor were two required night drills completed. During interview at 3:08	R302			

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R302	Continued From page 22 PM that afternoon, the owner / manager confirmed that there was no record available indicating that the required number and times of annual fire drills had been completed.	R302		
R303 SS=D	IX. PHYSICAL PLANT 9.11 Disaster and Emergency Preparedness 9.11.d There shall be an operable telephone on each floor of the home, at all times. A list of emergency telephone numbers shall be posted by each telephone. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the home failed to assure that there was a telephone and a list of emergency telephone numbers available to residents on the second floor of the home. Findings include: 1. Per observation during initial tour of the building, there was no telephone and/or emergency numbers on the resident occupied second floor. The manager confirmed, at the time of the tour that there was no telephone on the second floor. Please note: This is a repeat violation.	R303		
R311 SS=D	X. PETS 10.2.e Pet health records shall be maintained by the home and made available to the public. This REQUIREMENT is not met as evidenced	R311		

Division of Licensing and Protection

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 0365	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 02/09/2011
NAME OF PROVIDER OR SUPPLIER COTA'S HOSPITALITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1079 SOUTH BARRE ROAD BARRE, VT 05641		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
R311	Continued From page 23 by: Based on interview and record review, the home failed to maintain the health records of a dog residing within the home. Findings include: 1. Per record review on 2/9/11, the home has an established pet policy. An employee residing in the home has a dog which visits / interacts with residents per interview of the employee on the afternoon of 2/8/11. There were no vaccination / health records on file at the home regarding this dog. During interview on the afternoon of 2/9/11, the owner/manager confirmed that there was no record indicating that the dog's vaccinations / health records are up to date.	R311			

Cota's Hospitality Home, Inc.

1079 So. Barre Rd., Barre, VT 05641

802.479.3118

~~cotashh@gmail.com~~

RECEIVED
Division of

MAY 09 11

Licensing and
Protection

Plan of Correction
Health Survey from February 9, 2011

V Resident Care and Home Services (R110) 5.2 Admission

- 1 All new residents entering facility will be given information on advance directives if they do not already have them in place. This will be provided with the admission agreement and manager will be responsible for making sure this information is provided. March 31, 2011

Revised R110 5-19-11 POC accepted. — C. Laraway, RN —

(R112)

- 1,2 Manager is working to make sure that all residents have physician admission records on file and making sure that each resident has an up to date problem list and up to date information in their files. Manager will monitor this to make sure that it is kept up to date and done regularly. Completed March 31, 2011.

Revised R112 5-19-11 POC accepted. — C. Laraway, RN —

5.3 Discharge and Transfer Requirements (R114)

- 1 Manager is working with division of licensing and protection to redo the admission agreements so that they are written within regulations. Once new agreements are made, all residents will get a new copy to read and sign. New agreements are made up and all residents will sign by May 16, 2011.
- 2 Manager and co-Manager will ensure that the regulations for involuntary discharge of a resident are followed. In the event of an involuntary discharge, the resident's family member or power of attorney will be notified and given a copy of the discharge notice. Policy in effect March 31, 2011.

Revised R114 5-19-11 POC accepted. — C. Laraway, RN —

(R126)

5.5 General Care

- 1 Manager has made sure that all am staff know to do pulse and blood pressure checks on the residents that need them on the correct day. There is a documentation sheet in the MAR of each resident who has this requirement and the numbers are recorded daily/weekly as needed. RN Monitoring once a week and re-educating staff as needed. March 31, 2011.

- 2 All residents are being monitored monthly for blood pressure and weight and manager and nurse are making sure that residents who are taking hypertensive medications are now being monitored daily for pulse and weekly for blood pressure. Policy in effect as of April 1, 2011.

Revised R126 5-19-11 POC accepted. — C. Laraway, RN —
(R129)

- 1 All residents have been assigned in house case managers to make sure that their needs are being met. Manager will make sure that this is kept up. March 31, 2011.

Revised R129 5-19-11 POC accepted. — C. Laraway, RN —
(R136)

5.7 Assessment

- 1-3 All resident assessments are up to date and a system has been put in place to alert us when each resident is due for their annual reassessment. As of March 31, 2011.

- 4-5 Manager and nurse will make sure that assessments are redone in the case of any resident who has a significant change in status or behaviors.

Revised R136 5-19-11 POC accepted. — C. Laraway, RN —
(R145) 5.9c

- 1-5 All care plans are complete. We will be redoing care plans whenever there is a significant change in behavior or medications or any other significant changes. Nurse and manager will make sure that these care plans are being kept up to date. March 31, 2011.

Revised R145 5-19-11 POC accepted. — C. Laraway, RN —
(R153) 5.9c (10)

- 1 A new form has been made and monthly weights will be recorded on all residents in accordance with our policy of weighing each resident monthly. RN will check monthly. In effect as of April 1, 2011.

Revised R153 5-19-11 POC accepted. — C. Laraway, RN —
(R161)

5.10 Medication management

- 1 Staff has been reminded of the policy to wash hands before giving out any medications. Manager and nurse will make sure that this is happening on a regular basis. Spot check will be done to make sure this is being done as of March 31, 2011.

Revised R161 5-19-11 POC accepted. — C. Laraway, RN —
(R162)

- 1 All medications given will have a doctor's order on file. No OTC medications will be given to residents if they do not have an order from their doctor. Staff has been re-educated on this policy and it is in effect as of March 31, 2011.

- 2 Medication error was communicated to the doctor and we followed the directions to fix the error. Changes have been made in the office. When resident comes back from a doctors appointment, the signed doctors orders and medical orders are handed directly to staff.

Any changes are immediately related to Kate. She notes any changes in her home notes and tells us exactly what to do. The order is put in doctors visit inbox and any changes are immediately noted in the MAR. Nurse takes care of any further calls to doctor that need to be made and relates any pertinent information to staff. March 31, 2011.

(Revised) R162 5-19-11 POC accepted. — C. Laraway, RN —

(R178)

5.11 Staff Services

- 1 Night staff is delegated to give meds. Night staff will not work alone unless they are med delegated. March 31, 2011.

(Revised) R178 5-19-11 POC accepted. — C. Laraway, RN —

(R179)

- 1 Nurse and manager are in the process of scheduling mandatory trainings such as CPR/first aid. Nurse and manager will make sure that all staff have the required 12 hrs a year for training and we have a log that we will use to keep track of these trainings and employees in attendance. March 31, 2011.

(Revised) R179 5-19-11 POC accepted. — C. Laraway, RN —

(R180)

- 1 Nurse and manager are in the process of scheduling mandatory trainings such as CPR/first aid. Nurse and manager will make sure that all staff have the required 12 hrs a year for training and we have a log that we will use to keep track of these trainings and employees in attendance. March 31, 2011.

(Revised) R180 POC accepted 5-19-11. — C. Laraway, RN —

(R187)

- 1 A master resident list binder has been made up and will be kept to document admissions, discharges and transfers of residents. The owner/manager will make sure this book is kept up to date. As of March 31, 2011.

(Revised) R187 POC accepted 5-19-11. — C. Laraway, RN —

(R189)

- 1-3 Nurse and Manager have both stressed the importance of documentation. All staff have been re-told about the requirement for documenting any changes or important information. Manager and nurse will be monitoring to make sure that documentation is being done. Manager and RN will monitor records once a month. March 31, 2011.

(Revised) R189 POC accepted 5-19-11. — C. Laraway, RN —

VII Nutrition and Food Services
(R234)

- 1 A weekly menu is placed in the dining area each week for residents to see. The menu is written daily on the white board so that the residents can easily see what the meals for the day are. March 31, 2011.

(Revised) R234 POC accepted 5-19-11. — C. Laraway, RN —
(R235)

- 1 Manager/co manager are making sure that the menus are followed as closely as possible. Any menu changes are posted on a "changes" sheet which is posted next to the weekly menu. All staff have been told and reminded about the importance of sticking to the printed menu. March 31, 2011.

(Revised) R235 POC accepted 5-19-11. — C. Laraway, RN —
(R236)

- 1 A file has been made in the file cabinet in the office for the purpose of keeping old menus along with the "changes" sheets. All menus will be kept for at least a month. Manager and co-manager are making sure that this happens. March 31, 2011.

(Revised) R236 POC accepted 5-19-11. — C. Laraway, RN —
(R247)

1. Daily temperature charts have been made and all Refrigerators and Freezers now have thermometers in them. Manager and co-manager will make sure that the temps are taken daily. March 31, 2011.

(Revised) R247 POC accepted 5-19-11. — C. Laraway, RN —
(R252)

1.
 - a. All staff has been alerted to the fact that food and boxes of food cannot be stored directly on the floor. Manager and co-manager will make sure that this is not happening.
 - b. Cupboards have been checked and containers of food are properly secured or transferred into containers with lids. Manager and co-manager will continue to monitor to make sure this continues to happen.

c. Fluorescent light bulbs have been covered in food area.

d. Wood shelving in kitchen cupboards is being covered with contact paper to make it easier to clean. Manager will monitor shelving to make sure that it is being cleaned regularly.

e. All shelving and kitchen areas have been cleaned. Manager and co-manager will make sure that kitchen and all food areas are kept clean.
March 31, 2011.

(Revised) R252 POC accepted 5-19-11. — C. Laraway, RN —

IX Physical Plant (R266)

- 1 Heat resistant covering is being installed over the dining room radiator to prevent burns. Table has been moved from heat source. March 31, 2011.
- 2 Blinds in the building are all being replaced and manager will monitor to make sure that they stay clean and dust free. Done March 31, 2011
- 3 Light in the upstairs ladies bathroom has been fixed. March 31, 2011.
- 4 The sun room in the residence at the end of the men's hallway has been cleaned out and is being redecorated to make it a place where residents can sit and do puzzles or crafts or just relax. April 15, 2011.
- 5 All hot water pipes are in the process of being covered and insulated. March 31, 2011.
- 6 Power strips have been purchased for the resident rooms that they can use instead of the multiple extension cords. March 31, 2011.

(Revised) R266 POC accepted 5-19-11. — C. Laraway, RN —
(R302)

1. Fire drills will be done and recorded. Manager will make sure that a monthly fire drill is done and that every other one is a night fire drill. The record of these drills will be kept up to date and manager will monitor to make sure that this is done.

R302 POC accepted 5-19-11. — C. Laraway, RN —
(R303)
9.11 Disaster and Emergency Preparedness

1. A telephone has been installed upstairs in the residence. All telephones have a list of emergency numbers posted beside them. Done as of April 1, 2011.

(Revised) R303 POC accepted 5-19-11. — C. Laraway, RN. —
X Pets
(R311)

1. Vaccination records for the dog on premises will be on file by April 30, 2011.

R311 POC accepted 4-28-11. — C. Laraway, RN —

Sammy Cota

5-2-11